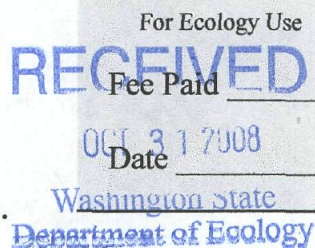




State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Glacier Water Company, LLC Home Tel: () -
Mailing Address 1520 15th St. NW - STE. 120 Work Tel: (253) 939-6121
City Auburn State WA Zip+4 98001 + FAX: (253) 939-9152

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Kris G. Kauffman, P. E.
Mailing Address 12228 Nyanza Rd. SW Work Tel: (253) 581-9752
City Lakewood State WA Zip+4 98499 FAX: (253)-588-1588
Relationship to applicant Consultant, Water Rights, Inc.

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than Fourteen (14) (☐ gallons per minute or ☒ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose of commercial uses (bottled water, other beverages, mineral extracts, and related products). ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. See attached legal description and plats in addition to the following Pierce County Parcel Numbers:

Parcel #	Lot	Acres	River length (1 bank)
0619311012	Lot 8	20	1,190'
0619311013	Lot 9	33.5	1,660'
0619311014	Lot 10	25.0	1,110'
0619311015	Lot 11	20	1,130'
0619311016	Lot 12	20	150'
0619311017	Lot 13	20	150'
0619311018	Lot 14	<u>20</u>	<u>610'</u>
		158.5	6,000'

Estimate a maximum annual quantity to be used in acre-feet per year: 2,824 acre-feet per year

Wma 10
S 2-30496

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Carbon River	A permit is desired for _____ well(s).
Number of diversions: Five (5)	
Source flows into (name of body of water): Puyallup River	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

POD # 1 is S 1,080' +/- 60' and W 620' +/- 80';
POD # 2 is S 1,830' +/- 50' and W 330' +/- 80';
POD # 3 is S 2,900' +/- 50' and E 50' +/- 80';
POD # 4 is S 1,100 +/- 80' and W 1,600' +/- 80';
POD # 5 is S 380 +/- 80' and W 2,200' +/- 80';
All from the NE corner of Section 31, T19N, R6EWM.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
	NE	31	19N	06E	PIERCE			
NE	SE	"	"	"	"			

For Ecology Use Date Received: 10-31-08 Priority Date: 10/31/08

SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____

Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: 10

Appl. No.: 52-30496

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Glacier Water Company, LLC
B. Briefly describe your proposed water system. (See instructions.)

The proposed diversions will include permanent screened intake structures thence to pumping plant units for processing on and off site.

- C. Do you already have any water rights or claims associated with this property or system? X YES NO
DOCUMENTATION:

See SWC's S2-28034 and 28946 held by the Glacier Water Company, LLC (GWC) for the diversion of water upstream from this proposed POD; and, GWC SWA S2-30425 has a downstream POD; and, GWC SWA S2-30475 upstream POD's and this filing is inclusive of some of this same property and POD's, but is for additional diversion therefrom and includes two additional lots and POD's.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____ (Homes, Apartment, Recreational, etc.)
B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

Not Applicable

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Note that the process system may include one or more storage tanks.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Orting, travel east on Highway 162 / Pioneer Way E., turn right at 177th St. E., proceed to the end of 177th, turn right into Carbon River Heights, then follow one of the two routes outlined on the map to the project site(s).

Section 10. REQUIRED MAP

- A. Attach a map of the project. **(See attached.)**

Map 1. Project directions

Map 2. Project property outline

Map 3. Property with proposed Points of Diversions.

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

☐ YES ☐ NO ☒ N/A

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Place of use for this water right is not applicable. The proposed use is for commercial purposes (bottled water and other related products to be sold in commerce). See Section 5.B and attachment 4.

- B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

The diversion intake will be located on property owned, or under contract to be owned, by the applicant.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

John S. Castle

Applicant (or authorized representative)

John Destito, President and Manager

Glacier Water Company, LLC

Authorized representative

Date _____

10-30-08

same

Landowner for place of use (if same as applicant, write "same")

Date _____

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____